

Requisition Number:	Exercise 17-10-10-10-10-10-10-10-10-10-10-10-10-10-

316	Person	nei / Pa	yroli Actio	n Form	State Form 4512	23(R/2-04)				
Personal [Employee I			TEMPLOVAA Nam	ie: (Last,First,Mid	dle Initial\				I Ettoctiv	e Date of Action
Linployee			Employee Ham	ie. (Last,i iist,iiia	idio initiali,				Lifectiv	e Date of Action
Address Lii	ne 1:			Address Line 2:				Address Line 3	3 :	CONTROL OF COMMENT AND A STANDARD STANDA
City:				County:				State:		Zip code:
Education I	_evel:			Gender:			I Marit	al Status:	I Martia	al Status Date:
Date of Birth: Date of Death		O Male O Female Telephone:			Ethnic Group:		Social Security Number:			
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Job Data Effective Da	ate:		Effective Date S	Seq No:		Action Cod	le:		Reason Co	de:
							MATERIAL PROPERTY OF THE PROPE			
Position Nu	ımber:	Lo	cation:	Department:	O Regular O Intermittent	O Appoin	_	oyee Class:		Standard Hours:
Business U	nit:			Job Code:	O Temporary	O Elected O Intermit		Mer	it	O 37.5
Position Tit	le:			Working leader:	O Full Time	O Judicia	I	O Original WT	-	O Other
				O Yes O No	O Part Time	O Legislat O Non-Me		O Perm Stat O Promo WT		
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Company:	Employe O Exception		Tax Location	999	Salary Plan:		Compensat	tion Frequency:		nge Amount
o soi	O Salary	on nouny	Holiday Sched		Grade:		O Hourly		\$per	
O BMVC Pay Group:	O Hourly				Step:		Compen	sation Rate:	Change Per	or cent:
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BAS Group			Benefit Program	m:	Elig Config 1:			Effective Date	of Benefit Pr	ogram:
Job Labor										
Union Code	•: ·					Union Seni	ority Date:	-		
Employme	nt Data eniority Date	Α.	Service Date:		Date Last Work	ed:	II OA Eynec	ted return Date	I Parmanant	Status Due Date:
Company C	cinomy but	. .	CCIVICE Bate.		Date Last Work	cu.	LOA Expec	ted return Date	Probation Date	Status Due Date.
	y Contact E		First Middle Ini	itial)	Relationship:		Contact:	Home:		
Primary Emergency Contact (Last, First, Middle Initial)			itiai)	Telephone:			THE SAME PARTY OF THE SAME PAR			
Address Lir	ne 1:			Address Line 2:				Address Line 3	:	
City:				County:			State:		Zip Code:	
Secondary	Emergency	Contact (La	ıst, First, Middle	Initial)	Relationship:		Contact:	Home:	()	
Address Lir	ne 1:			Address Line 2:	CONTRACTOR OF THE PROPERTY OF		Telephone:	Business: Address Line 3	()	
City:							State:			
City.				County:			State.	The Market Market Report Repor	Zip Code:	
Employee's	•							Date:		
	f Appointing f SPD Direct		•					Date: Date:		
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Comm	nents:									
(1) ORIGINA	L AND (2) CO	PIES TO HUI	MAN RESOURCES		(1) COPY TO PAY	ROLL		(1) COPY FOR FA	IPI OYFES EII	F